ASSIGNMENT
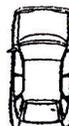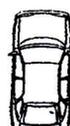
Surveyor: _____ DOI: _____ Date / Time : **25/01/2021**

Registered in Merimen: **26/01/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **YP 6491X** Claim No. : _____

Name of Insured : MOVA AUTOMOTIVE PTE LTD Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 18/01/2021 Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____

If **NO**, Driver Name / Age : _____ OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. : _____ (V/L: **YES** / NO) Insured Liability : ____ % **Final ? Yes / No**

SFP 3193B ⟶ _____ ⟶ _____ ⟶ _____
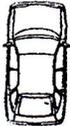
| INSRS: WSP: **PREMIUM** Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time	SFP 3193B : X YP 6491X : NBA/INC19011156/Y ; DOA : 24/06/2019	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

		Documentation Check List:	Handler	Typist
29/1/21 - TP repairer inform claimant withdraw TP claim as he wish to do OD claim & do recovery claim at the later part.		Notification ltr (if non-pickup)	☐	☐
		After call ltr to OI	☐	☐
		Authorisation To Act:	☐	☐
* NO SURVEY DONE * mv new to spgn.		Release Voucher:	☐	☐
		Final Repair Bill:	☐	☐
↳		Car Rental Invoice:	☐	☐
		Towing Invoice:	☐	☐
		LTA / GIA :	☐	☐
		Medical Bill:	☐	☐
		PIR:	☐	☐
		Mandate/Reject Instruction:	☐	☐
		LOD	☐	☐
		Payment Breakdown Form:	☐	☐

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
		Others:	☐	☐

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S$ _____ (_____ days) Reduction: _____ % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email ☐ Cal ☐

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	S$	Global Sum S$:	

(handwritten "CANCEL" across final settlement section)

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Cal ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: